

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/07/2013
NAME OF PROVIDER OR SUPPLIER SUGAR GROVE RETIREMENT COMMUNITY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to a State Residential Licensure Survey completed on 09/05/13.</p> <p>Survey Date: October 7, 2013</p> <p>Facility Number: 012394</p> <p>Survey Team: Mary Weyls RN TC Teresa Buske RN Laura Brashear RN Karen Hartman RN</p> <p>Census Bed Type: Residential: 124 Total: 124</p> <p>Census Payor Type: Medicaid: 19 Private: 105 Total: 124</p> <p>Sample: 8</p> <p>Sugar Grove Retirement Community LLC was found to be in compliance with Residential Regulations 410 IAC 16.2-5.</p> <p>Quality review completed on 10/08/2013 by Brenda Marshall Nunan, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE